

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36188
Do not use this space.

1. PLACE OF DEATH
(a) County **NOV 15 1937**

Registration District No. **791**

(b) Township
(c) City **St. Louis**

Primary Registration District No. **1003**

Registered No. **9765**

(d) Street No. **City Hospital No. 1** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 6708

2. PRINT FULL NAME **Pinkney Lemon**

(a) Residence, No. **1407 Tamm** St. **4**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ANNIE LEMON**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 27, 1872**

7. AGE YEARS **65** MONTHS **21** DAYS **22** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. **nil**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **JOSEPH LEMON**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **VANDALIA, MO.**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL/CREMATION, OR REMOVAL PLACE **VANDALIA, MO.** DATE **OCT 23, 1937**

19. FUNERAL DIRECTOR **WES. WATSON & SONS**
(ADDRESS) **Vandalia, Missouri**

20. FILE **OCT 21 1937** **J. H. Bredeck**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/19/37**

22. **8/12/37** HEREBY CERTIFY, That I attended deceased from **10/19/37**

I last saw him alive on **10/19/37**, 19..... Death is said to have occurred on the date stated above, at **2 p.m.**

The principal cause of death and related causes of importance were as follows:

**Carcinoma of L.P.
Syphilitic of Spinal Cord.**

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **City Hospital No. 1**, M. D.

(Address).....

STATEMENT BY LICENSED EMBALMER

I, Earl L. Hillman, Licensed Embalmer No. 3501
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Earl L. Hillman

Licensed Embalmer No.

3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)